

SUMMARY

Analysis of Effect the Leader Behaviors and Management Process to the Performance of Immunization Program (Study about Public Health Center Coverage with UCI Sub-district in Surabaya based on Path Goal Theory and Public Health Center Management Approach)

The problem that was chosen to be studied was the achievement of Public Health Center (PHC) with Universal Child Immunization (UCI) sub-district in Surabaya on 2017 was 89.05% which had not reached the target of East Java Province (96%). The general objective of this study was analyzing the effect of Leader Behaviors and management process of PHC to the PHC coverage with UCI sub-district in Surabaya. The first purpose of this study was to assess the Leader Behaviors of the Head of the Health Center, Employee Factors and Environmental Factors in the achievement of the PHC with the UCI sub-district in the PHC in the City of Surabaya. Second, assessing the PHC management process (P1, P2, P3) in the achievement of the PHC with the UCI sub-district in the PHC in Surabaya City. Third, assessing the achievement of the PHC with the UCI sub-district in the PHC in Surabaya City. The fourth analyzed the relationship between the management process of PHC (P1, P2, P3) with the Leader Behaviors of PHC Heads in Surabaya City and the last was to analyze the influence of Leader Behaviors, Employee Factors, Environmental Factors and PHC management processes (P1, P2, P3) on PHC achievement with UCI sub-district in Surabaya City.

Immunization is an effort to prevent the infants death by giving vaccines. A person who has been immunized get immune to diseases, especially infectious diseases. Indicator of the success on immunization program is the achievement of PHC with UCI sub-district coverage.

The coverage target of PHC with UCI sub-district is 96%. Public Health Center (PHC) hierarchically is a leading unit in the first level of health organization. The application of the management process is still considered a dominant problem in the PHC. The PHC leader must have ability to implement the management process and to analyze problems, that is the problem of PHC program or the problem of direct public health services.

This study was a descriptive study that was carried out observationally with cross sectional design and the unit of analysis was the PHC. Based on the results of sample size calculations, 18 of PHC in Surabaya were examined. Data was collected by interview techniques and simple discussion forums (informal discussion). The instrument of this study used Path goal standard questionnaire which was translated into Indonesian and tested the validity and reliability of the questionnaire. Data analysis technique used ancova and two way ANOVA tests ($p < 0.05$). Information sources of this study were person in charge of the small and medium enterprises, Immunization Coordinator, entire midwife in PHC and at least 10 of PHC officers for simple discussion forums.

The results of this study showed an analysis of the influence of Leader Behaviors, Employee Factors, Environmental Factors and the management process of PHC (P1, P2, P3) on the achievement of PHC with UCI sub-district. Leader Behaviors Head of PHC in Surabaya City showed that 61.1% applied the Participative and Environmental Factors behavior which was the most dominant situational variable at 77.8% occurred in Surabaya City Health Center. The next result is that there are 33.3% of PHC that have achieved PHC with UCI sub-district <96% so that coverage is not reached. The assessment of the PHC management process (P1, P2, P3) showed that 38.9% of PHC in Surabaya City had not fully implemented the PHC management process (P1, P2, P3). The results of the relationship between the PHC management process were significant ($p < 0.05$) related to the Leader of Behaviors of the Head of the Community Health Center in the City of Surabaya. The results of the analysis of the influence of Leader Behaviors, Employee Factors, Environmental Factors, and PHC management processes (P1, P2, P3) showed significant Leader Behaviors and PHC management processes (P1 and P2) ($p < 0.05$) affecting the achievement of PHC with UCI sub-district and that is not significantly influential are Employee Factors, Environmental Factors, and PHC management processes at P3 stage.

From the results of this study can be concluded that the most dominant leader of the Community Health Center Leader Behaviors is Participative with the supporting situational variables are Environmental Factors. The management process of the PHC (P1, P2, P3) has not been carried out completely at each stage, and the achievement of the PHC with the UCI sub-district has not reached the East Java Province target. Leader Behaviors and PHC management processes at P1 and P2 stages significantly affected the achievement of PHC with UCI sub-district in Surabaya City.

The researchers gave two suggestions that should be done for the Head of the Puskesmas. First made a training program to strengthen Leaders Behaviors of PHC leaders in order to have at least more than one Leader Behaviors score sought to be able to strengthen the behavior of PHC leaders to have Achievement Oriented behavior. Second, the Surabaya City Health Office should routinely attend mini Workshop activities at the PHC so that the implementation is in accordance with the agenda that aims to solve problems in each PHC

RINGKASAN

Analisis Pengaruh *Leader Behaviors* dan Proses Manajemen Puskesmas Terhadap Kinerja Program Imunisasi (Studi tentang Capaian Puskesmas dengan Kelurahan UCI di Kota Surabaya dengan Pendekatan Teori *Path Goal* dan Proses Manajemen Puskesmas)

Masalah yang dipilih untuk diteliti adalah capaian Puskesmas dengan kelurahan UCI di Kota Surabaya tahun 2017 adalah 89,05% belum mencapai target Provinsi Jawa Timur (96%). Penelitian ini mempunyai tujuan umum untuk menganalisis pengaruh *Leader Behaviors* dan proses manajemen Puskesmas terhadap capaian Puskesmas dengan kelurahan UCI di Kota Surabaya. Tujuan penelitian ini yang pertama adalah menilai *Leader Behaviors* Kepala Puskesmas, *Employee Factors* dan *Environmental Factors* dalam capaian Puskesmas dengan kelurahan UCI di Puskesmas di Kota Surabaya. Kedua, menilai proses manajemen Puskesmas (P1, P2, P3) dalam capaian Puskesmas dengan kelurahan UCI di Puskesmas di Kota Surabaya. Ketiga, menilai capaian Puskesmas dengan kelurahan UCI di Puskesmas di Kota Surabaya. Keempat menganalisis hubungan proses manajemen Puskesmas (P1, P2, P3) dengan *Leader Behaviors* Kepala Puskesmas di Kota Surabaya dan yang terakhir adalah menganalisis pengaruh *Leader Behaviors*, *Employee Factors*, *Environmental Factors* dan proses manajemen Puskesmas (P1, P2, P3) terhadap capaian Puskesmas dengan kelurahan UCI di Kota Surabaya.

Imunisasi merupakan upaya pencegahan kematian pada bayi dengan pemberian vaksin. Seseorang yang melakukan imunisasi dapat kebal terhadap penyakit, khususnya penyakit infeksi (Cahyono, 2010), Indikator keberhasilan program imunisasi yaitu tercapainya Puskesmas dengan cakupan kelurahan *Universal Child Immunization* (selanjutnya disingkat UCI).

Target capaian Puskesmas dengan kelurahan UCI adalah 96% (Depkes, 2016). Puskesmas secara hirarki merupakan unit terdepan dalam organisasi kesehatan tingkat pertama. Penerapan proses manajemen masih dianggap sebagai permasalahan yang cukup dominan di Puskesmas. Pemimpin Puskesmas, harus mampu menerapkan proses manajemen dan terampil dalam menganalisis masalah yaitu masalah program Puskesmas ataupun masalah pelayanan kesehatan masyarakat secara langsung.

Penelitian ini termasuk jenis deskriptif yang dilakukan secara observasional dengan pendekatan *cross sectional* dan unit analisisnya adalah Puskesmas. Berdasarkan hasil perhitungan besar sampel didapatkan 18 Puskesmas di Kota Surabaya yang diteliti. Data dikumpulkan dengan teknik wawancara dan forum diskusi sederhana (sarasehan). Instrumen yang digunakan adalah kuesioner baku *Path goal* yang dilakukan penerjemahan ke dalam bahasa Indonesia serta dilakukan uji validitas dan realibilitas kuesioner. Teknik analisis data menggunakan uji ancova dan *two way anova* ($p < 0,05$). Sumber informasi penelitian ini yaitu: Penanggungjawab UKM, Koordinator Imunisasi, seluruh

Bidan di Puskesmas dan minimal 10 petugas Puskesmas untuk forum diskusi sederhana.

Hasil Penelitian ini menunjukkan analisis pengaruh *Leader Behaviors*, *Employee Factorss*, *Environmental Factors* dan proses manajemen Puskesmas (P1,P2,P3) terhadap capaian Puskesmas dengan kelurahan UCI. *Leader Behaviors* Kepala Puskesmas di Kota Surabaya menunjukkan sebesar 61,1% menerapkan perilaku *Participative* dan *Environmental Factors* merupakan variabel situasional yang paling dominan sebesar 77,8% terjadi di Puskesmas Kota Surabaya. Hasil selanjutnya yaitu terdapat 33,3% Puskesmas yang mendapat capaian Puskesmas dengan kelurahan UCI <96% sehingga dikatakan cakupan tidak tercapai. Penilaian proses manajemen Puskesmas (P1,P2,P3) didapatkan hasil sebesar 38,89% Puskesmas di Kota Surabaya belum menerapkan proses manajemen Puskesmas (P1,P2,P3) dengan lengkap. Hasil hubungan antara proses manajemen Puskesmas signifikan ($p < 0,05$) berhubungan dengan *Leader Behaviors* Kepala Puskesmas di Kota Surabaya. Hasil analisis pengaruh *Leader Behaviors*, *Employee Factorss*, *Environmental Factors*, dan proses manajemen Puskesmas (P1,P2,P3) menunjukkan *Leader Behaviors* dan proses manajemen Puskesmas (P1 dan P2) signifikan ($p < 0,05$) berpengaruh terhadap capaian Puskesmas dengan kelurahan UCI dan yang tidak signifikan berpengaruh adalah *Employee Factors*, *Environmental Factors*, dan proses manajemen Puskesmas pada tahap P3.

Kesimpulan pada penelitian ini adalah *Leader Behaviors* Kepala Puskesmas paling dominan diterapkan adalah *Participative* dengan variabel situasional yang mendukung adalah *Environmental Factors*. Proses manajemen Puskesmas (P1,P2,P3) belum dilakukan secara lengkap di tiap tahapnya, serta capaian Puskesmas dengan kelurahan UCI belum mencapai target Provinsi Jawa Timur. *Leader Behaviors* dan proses manajemen Puskesmas pada tahap P1 dan P2 signifikan berpengaruh terhadap capaian Puskesmas dengan kelurahan UCI di Kota Surabaya.

Berdasarkan hasil penelitian, peneliti memberikan dua usulan yang sebaiknya dilakukan untuk Kepala Puskesmas. Pertama membuat sebuah program pelatihan untuk memperkuat *Leader Behaviors* para pemimpin Puskesmas agar memiliki minimal lebih dari satu nilai *Leader Behaviors* yang diupayakan untuk dapat memperkuat perilaku pemimpin Puskesmas agar mempunyai perilaku *Achivement Oriented*. Kedua, Dinas Kesehatan Kota Surabaya hendaknya rutin menghadiri kegiatan mini Lokakarya di Puskesmas agar pelaksanaan sesuai dengan agenda yang bertujuan untuk pemecahan masalah di setiap Puskesmas.

ABSTRACT

**Analysis of Effect the Leader Behaviors and Management Process to the
Performance of Immunization Program
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Surabaya based on Path Goal Theory and Public Health Center Management
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Immunization is an effort to prevent the infants death by giving vaccines. A person who has been immunized get immune to diseases, especially infectious diseases. Indicator of the success on immunization program is the achievement of PHC with UCI sub-district coverage. The coverage target of PHC with UCI sub-district is 96%. The purpose of this study is to analyze the influence of Leader Behaviors and Puskesmas management processes on the achievement of Puskesmas with UCI villages in Surabaya City. This study was a descriptive study that was carried out observationally with cross sectional design and the unit of analysis was the PHC. Based on the results of sample size calculations, 18 of PHC in Surabaya were examined. Information sources of this study were person in charge of the small and medium enterprises, Immunization Coordinator, entire midwife in PHC and at least 10 of PHC officers for simple discussion forums. The results of this study showed that analysis of effect the Leader Behaviors, Employee Factors, Environmental Factors and management process of PHC (P1, P2, P3) on the achievement of PHC with UCI sub-district. Leader Behaviors of PHC leader in Surabaya showed that 61.1% applied the Participative behavior and Environmental Factors which was the most dominant situational variable of 77.8% occurred in Surabaya Health Center. The next result showed that there were 33.3% of PHC which have achieved PHC with UCI sub-district <96% so that coverage was not reached. The assessment from management process of PHC (P1, P2, P3) showed that 38.9% of PHC in Surabaya had not fully implemented the management process of PHC (P1, P2, P3). The results of the relationship between the Puskesmas management process were significant ($p < 0.05$) related to the Leader of Behaviors of the Head of the Community Health Center in the City of Surabaya. The results of the analysis of the influence of Leader Behaviors, Employee Factorss, Environmental Factors, and Puskesmas management processes showed Leader Behaviors and Puskesmas management processes (P1 and P2) significant ($p < 0.05$) affecting the achievement of Puskesmas with UCI sub-district. Conclusion from this study is management process of PHC (at P1 stage) and Leader Behaviors (Participative) can effect the PHC coverage with UCI sub-district in Surabaya.

Keyword: Leader Behaviors, Path goal theory, Management process of PHC, Universal Child Immunization

ABSTRAK

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Keyword : Leader Behaviors, Path goal theory, Proses Manajemen Puskesmas, Universal Child Immunization